



Docket No.: 005510.P081

Patent

In re the Application of: PHAM
(inventor(s))Application No.: 10/798,751Filed: March 10, 2004For: METHOD AND APPARATUS FOR ROBUST MODE SELECTION WITH LOW POWER CONSUMPTION
(title)Mail Stop Amendment
Commissioner For Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450SIR: Transmitted herewith is an **Amendment and Response** for the above application.

Applicant claims small entity status. See 37 CFR 1.27.

XX No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total Claims	* 16	Minus	** 20	0	X25	\$	X50	\$ 0
Indep. Claims	* 1	Minus	*** 3	0	X100	\$	X200	\$ 0
First Presentation of Multiple Dependent Claim(s)					+180	\$	+360	\$
					Total Add. Fee	\$	Total Add. Fee	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

on November 6, 2006
Date of DepositChikako Yagi
Name of Person Mailing CorrespondenceChikako Yagi
Signature11-06-06
Date

_____ A check in the amount of \$ _____ is attached for presentation of additional claim(s).

_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to 37 C.F.R. § 1.136(a).

_____ A check for \$ _____ is attached for RCE filing fee under 37 C.F.R. § 1.17.

_____ Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

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X _____ The Under Secretary of Commerce for Intellectual Property and Director of the United States Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2666 (a duplicate copy of this sheet is enclosed):

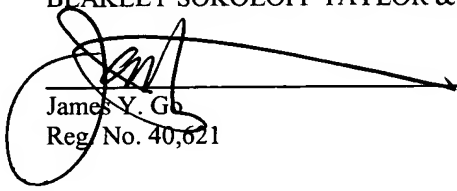
X _____ Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.

X _____ Any extension or petition fees under 37 C.F.R. § 1.17.

Date: 11-6-06

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